

Express Mailing Ce ficate No. EF775095669US

Patent Application

Request for Filing a Continuation, Divisional or Continuation-in-Part Application Under 37 CFR 1.53(b)

| NASA Case No. | MSC-22953-3 | |
|--------------------|-------------|------|
| Class | Subclass | |
| Prior Application: | | |
| D F | Ninh Adding | 2816 |

| | | Class | Subclass | | |
|--|---|-----------------------------|--|-------------------|--|
| | | Prior Application | on: | | |
| | | Examiner P | . Dinh Art Unit 2816 | | |
| THE COMMISSION Vashington, DC 20 | NER OF PATENTS AND TRADEMAR 0231 | RKS | · | | |
| ir: | | | | | |
| This is a request for of 37 CFR 1.53(d) | or filing a continuation, of prior application: | continuation-in-part, or 🔀 | divisional application under 37 CFR 1.53(t | o) o | |
| Serial No.: <u>09/5</u> | 25,371 Confi | rmation No.: | Filed: <u>3/13/00</u> | | |
| Entitled: Meth | od and Apparatus for Reducing t | he Vulnerability of Latches | to Single Event Upsets | | |
| | | | | | |
| by the following na | med inventor(s): | | | | |
| FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | | |
| NVENTOR | Shuler, Jr. | Robert | L. | | |
| RESIDENCE & | CITY | STATE OR FOREIGN COUN | TRY COUNTRY OF CITIZENSHIP | | |
| CITIZENSHIP | Friendswood | Texas | U.S.A. | | |
| MAILING | STREET NUMBER AND NAME | CITY | STATE AND ZIP CODE/COUNTI | RY | |
| ADDRESS | 5238 Appleblossom | Friendswood | Texas 77546 U.S.A. | | |
| FULL NAME OF NVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | | |
| RESIDENCE & | CITY | STATE OR FOREIGN COUN | TRY COUNTRY OF CITIZENSHIP | | |
| MAILING ADDRESS STREET NUMBER AND NAME | | CITY | STATE AND ZIP CODE/COUNTS | RY | |
| FULL NAME OF INVENTOR | | FIRST GIVEN NAME | SECOND GIVEN NAME | SECOND GIVEN NAME | |
| RESIDENCE & | CITY | STATE OR FOREIGN COUN | TRY COUNTRY OF CITIZENSHIP | | |
| MAILING ADDRESS | STREET NUMBER AND NAME | CITY | STATE AND ZIP CODE/COUNTI | RY | |
| — ✓ 2. Cancel in | this application original claim 1-7 a | nd 17-21 | drawings and declaration as originally filed | d. | |

the number next following the highest numbered original claim in prior application.)

The filing fee is calculated on the basis of claims existing in the prior application as amended at 2, above.

| | | S | CLAIR | | | |
|---------------------|----------|--------------|-----------------|------------------|-----------------------|--|
| CALCULATIONS (5) | RATE (4) | NUMBER | | | FOR | |
| | | EXTRA (3) | PAID FOR (2) | (1) | | |
| \$90.0 | \$18.00 | 5 * | 20 = | 25 | TOTAL CLAIMS | |
| \$80.0 | \$80.00 | 1 × | 3 = | 4 | INDEPENDENT CLAIMS | |
| | | | able) | _AIMS (If applic | MULTIPLE DEPENDENT CL | |
| \$710.0 | | | | | BASIC FEE | |
| \$880.0 | TOTAL | | | | | |

| | X | 4. The Commissioner is hereby authorized to charge any fees which may be required to effect only the filing of this application undo CFR 1.16 or credit any overpayment to Deposit Account No. 14-0116 |
|---------------------------------------|----------|--|
| | | 5. A new declaration is included (required for continuation or divisional application adding new inventor, and in continuation-in-part applications). |
| | X | 6. Amend the specification by inserting before the first line the following sentence: "This application is a |
| | | 7. New formal drawings are enclosed. |
| firm don't | | 8. Non publication request and certification is enclosed (PTO/SB/35 or equivalent). |
| ĻŲ | X | 9. The prior application is assigned of record to: |
| # # # # # # # # # # # # # # # # # # # | | Government of the United States of America as represented by the Administrator, National Aeronautics & Space |
| II. II | X | 10. The Power of Attorney in the prior application is to: a. Registered practitioners at Customer No.: 24957 b. Registered practitioners listed below (Name and registration number): |
| | | 11. A Power of Attorney is enclosed. |
| | X | 12. Also enclosed: Extra copy of this form; letter containing the Express Mailing Certificate & Form PTO/SB/05 |
| | Addı | ess all future communications to: a. Customer No.: 24957 |
| | | b. Correspondence Address listed below (Name, address and telephone number). |
| | | |
| | <u>O</u> | sil 20, 2001 Hardi R. Bar |
| | 7 | (Date) / (Signature - Attorney of Record) (Registration Number) |